
UNIT 1 MENTAL HEALTH

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1.1 INTRODUCTION

In day to day language, the term “health” is often used to refer to the absence or presence of disability or disease. People of different background and cultures may have different concept of health. The concept may also differ according to the circumstances. For example, an older person may consider inner strength and ability to cope with life’s challenges as health. On the other hand, a younger person would consider fitness, energy and strength as more important, and as indicators of health. Those who live in good living conditions tend to think of health in the context of enjoying life, while those who do not live in so comfortable circumstances may consider essentials in daily life as health. The World Health Organisation (WHO) has defined health as “a state of complete physical, mental and social well-being and not merely absence of disease or infirmity”.

A number of factors may enhance or threaten an individual’s or community’s health status. Some of these may be under the control of an individual (e.g., smoking) and others may not be, such as social class, ethnicity, access to education, gender, quality of housing, presence of supportive relationship etc. (World Health Organization Report, 2004)

In today’s context, it is important to understand the meaning of mental health, since in the last few decades, the employing institution is eager to know about mental fitness of a person besides physical fitness for the job, a prospective employee is going to a join. The mental health professional may be asked to assess the mental health status of the prospective Candidate. The WHO defines mental health as “a state of wellbeing, in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community Thus, the mental health refers to a broad group of activities

directly or indirectly related to mental well-being. The activities include promotion of wellbeing, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders (WHO, 2012). There is no health without mental health.

The following section discusses the various concepts and issues related to the mental health.

1.2 OBJECTIVES

After going through this Unit, you will be able:

- to define mental health;
- to understand the concept of mental health; and
- to understand the six empirical approaches to mental health.

1.3 DEFINING MENTAL HEALTH

Psychiatry has been preoccupied only with mental illness for long and that there is a lack of attention given to the study of positive mental health. Mental health is not just the absence of negatives (psychopathology or symptoms of illness), but the presence of positives. To further elaborate, mental health is conceptualised as a multifaceted construct. Defining mental health is not very easy as it includes several issues that need to be considered carefully. Mental health may be conceptualised along the following six constructs or the models (Vaillant, 2003; Vaillant & Vaillant, 2009):

- a) Mental health is above normal
- b) Mental health as maturity
- c) Mental health as positive or spiritual emotions
- d) Mental health as socio-emotional intelligence
- e) Mental health as subjective well-being
- f) Mental health as resilience

1.3.1 Model A – Mental Health as Above Normal

According to this model, mental health is something above normal. Normality is perceived as being on a continuum, encompassing the major portion of the adults on the continuum, while abnormality is the remainder. Thus, the normal refers to the reasonable, rather than optimum level of functioning. However, mental health would be considered as above average. For example, in the military, a jet pilot must be required to be above average in mental health for his occupational demands.

To understand this concept, it is important to trace the historical changes, which have occurred in this concept in the past century. What is normal in relation to mental health has been a matter of debate for a long time.

According to one prevalent concept it is the absence of psychosomatic symptoms. This concept was practiced from 1940s to 1970s. This definition of mental health was initially used in the United States by John Clausen and his co-workers in 1941 to assess the young men enlisted into the United States army. Thus, the absence of psychopathology was considered as synonymous with normal.

Changes in the procedure of assessment of mental health were seen after the World War II. Normal adaptive behaviour of those who served in the army was studied and the observations were published in scientific literature. There was a focus on the adaptation of the army veterans into civilian life.

In 1958, Marie Jahoda brought in a major change in the conceptualisation of mental health. In this model, the criteria for assessing mental health focused on positive aspects of mental health, rather than absence of symptoms of mental illness. The criteria for assessing mentally healthy individuals included:

- One should be in touch with his/her identity and feelings.
- One should be oriented towards the future and overtime should be fruitfully invested in life.
- One's psyche should be integrated and provide him/her resistance to stress.
- One should possess autonomy and recognise what suits one's needs.
- One should perceive reality without distortion and yet possess empathy.
- One should be master of one's environment. One should be able to work, love and play and be efficient in problem-solving.

Other important longitudinal studies showed that mental health characteristics were predictable and that mental health could be empirically studied.

Eventually, the importance of defining mental health has been increasingly recognised and attempts have been made to continue to describe and define mental health.

American Psychiatric Association's, Diagnostic and Statistical manual of Mental Disorders, 4th edition, 1994 (DSM-IV) used the Global Assessment of Functioning (GAF) scale to measure "above average" mental health. The GAF scale was a modification of the Health Sickness Scale and the Global Assessment Scale. On the GAF Scale, a score of 91–100 equals "superior functioning in a wide range of activities. This level also includes ability to cope effectively with various life's problems, which never seem to get out of hand. The functioning level, is sought out by others because of the many positive qualities. The person obviously does not have any symptoms." The 5th edition of the American Psychiatric Association's Diagnostic and Statistical manual of Mental Disorders, 2013 (DSM-5) has, however, not included GAF scale or any other specific measure of assessing the functioning status.

It is important to emphasise here that mental health should be defined broadly and not narrowly, since it is difficult or even impossible to have uniform norms

across the different societies or cultures. In any definition, cultural sensitivities should be taken into consideration, and the definitions should be empirically and longitudinally validated.

1.3.2 Model B – Mental Health as Maturity

This model conceptualises mental health as a state of maturity. The model is based on the eight stages of human development, as described by Erik Erikson in 1950 and the Harvard's Study of Adult Development. The association of mental health to maturity is probably mediated not only by progressive brain myelination, as a person grows older, but also by the evolution of emotional and social intelligence through experience. In the Indian family system, looking to the elderly for advice in case of any crisis is an example of looking to the mature mind (i.e. the perfectly healthy mind) for finding a solution to the difficult situation.

This model of mental health as maturity includes 6 components: identity, intimacy, generativity and integrity (4 concepts borrowed from Erikson), career consolidation and keeper of the meaning (derived from the Harvard's Study of Adult Development). The concepts are further discussed as below:

- 1) **Identity:** Identity is a developmental task which emphasises that the adolescents must achieve an identity which allows them to become separate from their parents. Identity is not just a product of egocentricity, such as running away from home or marrying to get out of a dysfunctional family, but is the understanding of one's own values as independently and distinct from the values of family origin. For example, pursuing a career of one's choice rather than reluctantly taking up family's choice. The decision, if based on internalising family values as well as the values of the society or the peer group with an independent judgement would indicate developing a mature identity. Biological maturation also has an important role here.
- 2) **Intimacy:** Development of an intimate relationship permits an individual to reciprocate with the partner and not remain selfish or self centred. There should be a commitment in the relationship. This capacity for intimacy becomes effortless, as the relationship stabilises. Intimacy is desirable in not just one-to one relationship but also in other interpersonal relationships. Mastery of intimacy also depends on the cultural factors.
- 3) **Career consolidation:** Mastery of this task permits adults to find career as valuable as one considered during earlier phases of life. This involves being valuable not only to oneself but also to others. Contentment, compensation, competence, and commitment play an important role in career consolidation.
- 4) **Generativity:** Generativity refers to a demonstration of a clear capacity to care for and guide the next generation. The phase comes sometime during the age 35-55 and includes decline in one's desire for one's achievement and an increasing inclination to serve the community in a variety of ways.
- 5) **Keeper of the meaning:** This is one of the ultimate responsibilities underlying maturity, which involves passing the tradition of the past to the future. Conserving and preserving cultural values and passing it on to the future generation is an indicator of mental health.

- 6) **Integrity:** Integrity refers to achieving some sense of peace and unity with respect to both one's life as well as to the whole world.

These six sequential tasks are a kind of a general guidance to help clinicians make an assessment of mental health as per the age of the person. One may be a mature 21-year-old and healthy, or an immature 50-year-old, and unhealthy.

Self Assessment Questions 1

State whether the statements are true or false:

- 1) Identity is a developmental task. ()
- 2) The Global Assessment of Functioning (GAF) scale is used to measure "below average" mental health. ()
- 3) The model of mental health as maturity includes 4 components: identity, intimacy, generativity and integrity. ()
- 4) Integrity refers to achieving some sense of peace and unity with respect to both one's life as well as to the whole world. ()

1.3.3 Model C – Mental Health as Positive or Spiritual Emotions

This model defines both mental and spiritual health as the amalgam of the positive emotions that bind us to other human beings. Recent advances in neuroscience and in the biological understanding of positive emotions have brought out the significance of positive psychology.

This model comprises eight important positive emotions: love, hope, joy, forgiveness, compassion, faith, awe and gratitude. They all involve human connections and do not have anything to do just with self. All major religious faiths emphasise the importance of these emotions.

Positive emotions have an effect on our autonomic (visceral) nervous system, similar to the relaxation achieved with meditation. The positive emotions reduce the basal metabolism by acting through the parasympathetic nervous system. Functional magnetic resonance imaging (fMRI) studies on Kundalini yoga practitioners have shown that meditation increases the activity of the hippocampus and the right lateral amygdala, which further stimulates the parasympathetic system, leading to a sensation of deep peacefulness.

1.3.4 Model D – Mental Health as Socio-Emotional Intelligence

This model conceptualises mental health with socio-emotional intelligence. Socio-emotional intelligence refers to accurate conscious perception and monitoring of one's emotions and ability to modify emotions so that the expression of emotions is appropriate. This would also include an accurate recognition of others' emotions and an appropriate response. One should have skills in negotiating close relationship with others and a capacity for focusing emotions towards a desired goal.

High socio-emotional intelligence reflects above average mental health. Emotional intelligence lies at the heart of positive mental health. The capacity to identify the different emotions in ourselves and in others has an important role in the social interactions and relationships, and hence in mental health.

Self Assessment Questions 2

Fill in the blanks with suitable words:

- 1) Socio-emotional intelligence refers to accurate conscious perception and
- 2) Model C defines mental and spiritual health as the amalgam of the that bind us to other human beings.
- 3) Studies show that meditation increases the activity of the and , which further stimulates the parasympathetic system, leading to a sensation of deep peacefulness.
- 4) Positive emotions have an effect on our nervous system.
- 5) The eight important positive emotions comprises of

1.3.5 Model E – Mental Health as Subjective Well-being

The capacity for subjective well-being is an important component of mental health. Positive mental health is not just being a joy to others but also experiencing subjective well-being. Subjective well-being is a complicated concept, because mental health issues are influenced by value judgment and illusion. What may be subjective well-being for a person may not be same for another person. The primary function of positive emotions is to facilitate self care. However, the primary functions of subjective negative emotions can also be healthy, reminding one to seek environmental safety. Subjective well-being is not just the absence of misery but the presence of positive contentment.

Earlier definitions suggested that a happy person is young, healthy, well educated, well paid, optimistic, worry free, religious and married with high self-esteem, holding a reasonably good job, is of good morale and has modest aspirations. However, the later researchers have shown that this definition is partly correct and they have suggested that the subjective well-being could be partially inherited and is relatively not dependent on socio-demographic variables. The maintenance of self-efficacy and autonomy make additional environmental contributions to subjective well-being. For example elders might decide to live on their pension money independently rather than with relatives, an example of subjective well-being.

1.3.6 Model F – Mental Health as Resilience

Resilience is the ability to be flexible and to get back to normalcy when faced with stressful situations. One needs to have an adaptive reactions pattern. There are three broad classes of coping mechanisms for developing resilience:

- One may consciously seek social support in an appropriate manner.
- One may employ conscious cognitive strategies (thinking patterns) to master the stressful situations.
- One may have adaptive involuntary coping mechanisms called defense mechanisms that distort perceptions of internal and external reality in order to reduce subjective distress. Although it may appear that these defense mechanisms are maladaptive patterns, these are normal coping reactions to reduce conflict and cognitive dissonance. This helps in maintaining internal homeostasis in mental health of an individual.

Healthy involuntary mechanisms include use of humour, altruism, sublimation, suppression, and anticipation. These concepts are briefly discussed as follows:

- **Humour** makes life easier and permits discharge of emotions. It allows one to even directly look at painful situations and deal with it.
- **Altruism** (getting pleasure from helping others) is used to master conflict situations. For example, a former alcoholic wanting to help others to overcome alcohol dependence gets mental satisfaction by being altruistic.
- **Sublimation** is a process of converting painful situations into triumph. Examples include extreme sad feelings can be expressed through poetry or music or a person with violent feelings joining the armed forces.
- **Suppression** minimizes and postpones facing the problem situations but eventually deals with it. This is also a method of adaptive coping.
- **Anticipation** is the capacity to keep the affective response to an unbearable future event in manageable doses in one's mind, and use it at the appropriate time.

The study of individuals with positive mental health is crucial in understanding the vulnerability to mental illness. This is important from the point of developing primary prevention, which is definitely better than treating the illness.

Currently, each mental illness is identified by a set of symptoms present or elicited signs. This assembled set of clinical information invariably includes variations arising from culture, language, geography, religion, country, etc. This information is based on the view points of both the client and the psychiatrist and therefore it varies according to each one's perception. Sometimes there may be variations even from the same person at different points of time and also between people. These variations are often resolved by the process of voting or consensus by a selected group of experts. Criteria for diagnosis of mental illness are thereafter statistically derived, most often by some sort of scoring system on a list of enumerated symptoms for each diagnosis. This is an empirical approach, and may not be the ideal approach, since any illness should be diagnosed on ascertaining the disease process. But since the exact etiology of most psychiatric illnesses is not known, this practical approach has got a world wide acceptance.

Mental health is then understood by the lack of these symptoms for each diagnosis or by the principle of diagnostic exclusion. Even the so called positive definitions of mental health seem to be constructed indirectly from excluding what constitutes mental illness.

Self Assessment Questions 3

Choose the correct alternative:

- 1) Mental illness is identified by presence of a set of symptoms / assumptions.
- 2) Suppression minimises / maximises and postpones facing the problem situations but eventually deals with it.
- 3) Altruism is a process of getting pleasure from helping / hitting others.
- 4) The primary function of positive emotions is to facilitate self care / care for others.
- 5) Resilience is the ability to be flexible / rigid and to get back to normalcy.

1.4 LET US SUM UP

In the above discussion you should have understood that, Mental Health is an intrinsic part of health for any individual or community. It is essential for well-being and functioning of individuals, also it is an important resource to individuals belonging to all levels of society. Various components of mental health, factors affecting mental health and models of mental health have been discussed in this chapter. Important points that can help you in summarising the facts are as follows:

- WHO defines mental health as “a state of well-being, in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Mental health can be conceptualised as :
 - Above normal; a mental state, that is objectively desirable;
 - As maturity;
 - In terms of positive psychology, implying presence of multiple human strengths;
 - As emotional intelligence;
 - As subjective wellbeing, a mental state that is subjectively experienced as happy, contented and desired; and
 - As resilience – a capacity for successful “bouncing back” to normality, i.e. a tendency to cope with stress and adversity.

1.5 ANSWER TO SELF ASESMENT QUESTIONS

Self Assessment Questions 1

- 1) True
- 2) False
- 3) False
- 4) True

Self Assessment Questions 2

- 1) Monitoring of one's emotions and ability to modify emotions so that the expression of emotions is appropriate.
- 2) Positive emotions that bind us to other human beings.
- 3) Hippocampus and the right lateral amygdala.
- 4) Autonomic (visceral) nervous system.
- 5) Love, hope, joy, forgiveness, compassion, faith, awe and gratitude.

Self Assessment Questions 3

- 1) Symptoms
- 2) Minimizes
- 3) Helping
- 4) Care for others
- 5) Flexible

1.6 UNIT END QUESTIONS

- 1) What is the WHO definition of Mental Health?
- 2) Explain the factors that contribute to mental health.
- 3) Why is understanding and defining mental health important to the field of psychiatry?
- 4) Enumerate different models of mental health.
- 5) What are the difficulties in the current criteria for mental illness?

1.7 REFERENCES

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